

Key challenges on Surveillance

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As a native New Yorker, I want thank NIOSH for its role in protecting the firefighters, construction workers and others at the WTC, and your efforts to protect workers from biological terrorism.

And I am delighted that Dr. David Prezant will tomorrow provide the “Special Encore” presentation from the Labor Session, about the joint program of the Firefighters union and the FDNY to provide surveillance to the people at the WTC.

But I do not want to spend another word on the occupational health effects of terrorism, because there is another terror that stalks the American workplace. One that can be too easily obscured by an otherwise appropriate focus on these issues. It kills every year in the workplace as many people who died on Sept. 11.

So let's get on with today's work, for all the victims

The lessons of Galileo:

Courage to find the truth where it is everywhere concealed
Cunning to place the truth in the hands of those who will spread it.

The battle for good injury and disease surveillance has always been hard-fought.

Only rarely can we say that we have fully won the battle.

Usually we start the fight when the odds are already against us.

Often, the obstacles we face feel overwhelming.

More often, our successes are only partial.

Our victories are thus harder to recognize.

The rewards from effective surveillance are accordingly fewer, and marred by frequent skepticism.

But the victories have been visible, and critically important to effective interventions in disease and injury prevention.

The recognition of musculoskeletal disorders in the BLS Annual Survey of Occupational Injuries and Illnesses has provided irrefutable evidence of a major national problem.

Epidemiological evidence had already given us the scientific basis for concluding that ergonomic risk factors existed, and posed serious hazards to workers.

But Epidemiologists could not mount the independent studies necessary to define the full scope of the problem in a way that would justify, much less demand, national action.

When, twenty years after its inception, the BLS Annual Survey started collecting – at long last – the so-called “detailed case characteristic” data in 1992, all that changed.

Finally, we saw the dimensions of the problem, based on employers’ own reports. Although these same data elements were buried for years in the files of workers compensation insurance carriers and state agencies, no prior publicly-accessible database had previously revealed such a stunning finding:

Nearly a million workers disabled annually by known hazards which shared a common etiology: the same ergonomic risk factors which investigators had for 50 years documented as insidious threats to human health.

The amount of disability associated with this threat was also staggering, leading to common-sense conclusions about the economic benefits of prevention.

Thus, the evidentiary stage was set for the biggest public policy battle worker health since OSHA’s adoption of the standards on asbestos and benzene in 1972 and 1976.

No longer were we imprisoned by the walls of regulatory risk assessment. The employers themselves were telling us, through a completely irrefutable source, that the problem was huge enough to command action. All but the most craven of our public leaders accepted these data without further demands for studies.

For traumatic injury, the ergonomics standard is probably the biggest improvement in working conditions since the adoption of the 8-hour day (a victory which itself has largely been reversed by the loss of trade union and government power to prevent excessive worktime).

The terrible fate which awaited the ergonomics standard at the hands of the President and the neanderthal leadership of the US Congress is well-known. It marks the worst threat to the nation’s worker safety and health policy and law since the adoption of the OSHAct.

Given the importance of MSD’s, the repeal of the standard potentially represents a *de facto* repeal of the OSHAct itself, at least until the Congress re-authorizes the Secretary of Labor to issue a new standard.

Nonetheless, and at the risk of sounding ridiculous, the issuance of the Ergonomics Standard is still a major victory for our surveillance work.

Did I say earlier that our victories are often hard to find?

This is certainly the case for the surveillance on MSD's. But the victory stands, the fight continues, and the data is still critically important.

So important, in fact, that the Secretary of Labor has deleted from the new recordkeeping form the very column on the OSHA Log which allows for easy recognition of MSD cases.

She clearly did this at the request of the reactionary segment of the employer community for whom the concept of public health surveillance simply does not exist.

Their insistence on this attack against intellectual honesty speaks volumes about both the power of the data, and the value of our commitment to continued surveillance, even –and especially – in difficult times.

How did this renewed and successful approach to injury surveillance happen?

Briefly, it began in two ways.

First, In 1981, when the Reagan Administration announced their policy of exempting workplaces from enforcement inspections, Trade unions and others began to look much more carefully at the data system itself.

Second, the BLS requested in 1983 funding to support its own independent “quality assurance review”, but was rebuffed by OSHA's leadership.

In response, the trade unions requested that the Congress require such a review. That appropriation then sparked the BLS' request to the National Research Council for the expert panel.

The NAS Panel's report in 1987 provided a critical foundation for the changes in the data system which were then adopted – with some employer support – in 1990, and implemented in 1992. These included both the revised Annual Survey, and the Census of Fatal Occupational Injuries.

The results are historic. In addition to the revised BLS Annual Survey, we see today's finding that Hispanic workers are the special and growing victims of workplace injuries – a finding directly attributable to this work.

I salute the Bureau's commitment to effective surveillance, especially in the face of important institutional and political obstacles.

Likewise, NIOSH's expansion of their own historic surveillance work in the 1980's under difficult political conditions, is equally impressive. The National Blood Lead reporting system represents a clear commitment to the use of the traditional infectious disease surveillance to attack insidious non-infectious workplace diseases.

OSHA itself has even adopted some of the principles, by initiating its own direct surveillance of employers' traumatic injury data for the purpose of targeting enforcement. This so-called "data initiative" marks a critical shift in the OSHA's ability to go after the "worst-first", as Eula Bingham liked to say, even though it evidently creates its own incentives for non-reporting.

But most of all, I want to recognize the remarkable persistence of local trade union leaders, and their enlightened counterparts – far too few, in our opinion -- among their counterparts in management. They all appreciate the need to look at the daily toll of workplace injury and illness, and take action to prevent recurrences. Without their dedication, the rest of us would have many fewer victories to nourish our dream of a safe and healthy workplace.

Trade Unions are committed to continuing their contribution to surveillance. We are hearing some of those terrific contributions here tomorrow, and I know that union leaders will continue to shoulder that burden in the future.

With a reasonable understanding of the value of surveillance – and with the institutional support like that provided by NIOSH to the Firefighters, Auto Workers, construction unions and others, the trade unions will continue to improve their efforts to identify patterns and trends of illness and injury, and design appropriate intervention.

The challenge is difficult for all of us.

But let us remember Galileo's caution (via Bertolt Brecht) about the difficulty of telling the truth:

We need the courage to recognize the truth where it is everywhere concealed
Cunning to place the truth in the hands of those who will spread it.

As Rev. Jesse Jackson reminds us: Keep hope alive. Let's chart the road ahead, however foggy the terrain might appear at the moment.

Clearly, one road must include the expansion of the BLS annual Survey to include a followback capability to target special studies, and you'll hear more from me about that later.

But whatever your immediate goals be, most of all be persistent. Your commitment to effective surveillance represents a commitment to the individual dignity of every sick and injured worker, and therefore the best ideals of our society.

On behalf of the AFL-CIO and the entire trade union movement, I want to thank the John, Wayne Lednar, Steve Newell, Bill Weber, Joe Dubois and other organizers of this conference, and thank all of you for coming here, and I look forward to a lively and productive conference.